MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008441 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2480

FILED MAR 15 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	207		9
3			
4	1		
5	2		
6			
7	1		
8	2		
9			
10			
11			
12	75-0		
13			
	15		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
   a. COUNTY
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO. — Length of stay in 1b
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP. #1 — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE
   b. COUNTY
   c. CITY OR TOWN: MO St Louis — Inside Limits Yes ☐ No ☐
   d. STREET ADDRESS (If outside, give location): 5337 N. Union ave — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HENNRIETTE (HATTIE) Middle Last MASON

4. DATE OF DEATH: Month MARCH Day 3, Year 1962

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ X Divorced ☐

8. DATE OF BIRTH: OCT 17/84

9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Ill's

12. CITIZEN OF WHAT COUNTRY: Yes

13a. FATHER'S NAME: ALEXANDER LAUVIER

13b. MOTHER'S MAIDEN NAME: MARY CHARLEVILLE

14. NAME OF HUSBAND OR WIFE: ARLEY DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic

16. SOCIAL SECURITY NO.

17. INFORMANT: Address: Mrs Viola Ashner 5249 Thrush ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line.) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pulmonary embolism

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

(b): acute thrombophlebitis

DUE TO (c): peri thrombotic abscess

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 585 x

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-14-62 to 3-3-62 and last saw her him alive on 3-3-62

Death occurred at 5:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert L. Mabrey M.D.

22b. ADDRESS: 1515 LAFAYETTE AVE.

22c. DATE SIGNED: 3/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3/5/62

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St Louis Mo

24. FUNERAL DIRECTOR ADDRESS: JOHN STYGAR & SON 5541 RIVERVIEW BLVD

25. DATE RECD. BY LOCAL REG.: MAR 4 1962

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3980

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.